

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ARCHIE COSEY,

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

LYNN LILLEY, SUPERINTENDENT OF  
WOODBOURNE CORRECTIONAL FACILITY

(List the full name(s) of the defendant(s)/respondent(s).)


18 CV-11260 (JGK) (SDNY)

**MOTION FOR LEAVE TO  
PROCEED IN FORMA  
PAUPERIS ON APPEAL**

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

June 8th, 2020

Dated

  
Signature ARCHIE COSEY  
DIN# 98-A-6974

ARCHIE COSEY

Name (Last, First, MI)

WOODBOURNE CORRECTIONAL FACILITY, 99 Prison Road, P.O. Box 1000  
WOODBOURNE, NEW YORK 12788-1000

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

## Application to Appeal In Forma Pauperis

ARCHIE COSEY v. LYNN LILLEY

Appeal No. 18-CV-11260

District Court or Agency No. \_\_\_\_\_

### Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: \_\_\_\_\_

ARCHIE COSEY DIN#98A6974

### Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: \_\_\_\_\_

JUNE 8th, 2020

My issues on appeal are: (required): ACTUAL INNOCENCE, SUBSTANTIAL CONSTITUTIONAL VIOLATIONS OF DUE PROCESS, 5th Amendment violation against self incrimination, fraud on part of the court and prosecutor etc.

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$

Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
<b>Total monthly income:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
	N/A	\$	\$
		\$	\$
		\$	\$

*If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
	N/A	Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	N/A	
Model:		
Registration #:		



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$

AO 240 (Rev.6/86) Application to Proceed

# UNITED STATES DISTRICT COURT

DISTRICT OF

ARCHIE COSEY,

PETITIONER,

APPLICATION TO PROCEED IN  
FORMA PAUPERIS, SUPPORTING  
DOCUMENTATION AND ORDER

v.

LYNN LILLEY, SUPERINTENDENT OF  
WOODBOURNE CORRECTIONAL FACILITY  
RESPONDENT.

CASE NUMBER: 2018-CV-11260

I, ARCHIE COSEY, declare that I am the (check appropriate box)

☒ Petitioner/plaintiff

☐ Movant (filing 28 U.S.C. 2255 motion)

☐ Respondent/defendant

NOTICE OF APPEAL, PETITION FOR A  
☒ CERTIFICATE OF APPEALABILITY

Other

In the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefore, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefore; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

In further support of this application, I answer the following questions.

1. Are you presently employed?

Yes ☐ No ☐

a. If the answer is "yes", state the amount of your salary or wages per month, and give the name and address of your employer.(list both gross and net salary)

B If the answer is "no", state the date of last employment and the amount of salary and wages per month, which you received.

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or other form of self-employment Yes ☐ No ☒

b. Rent payments, interest or dividends? Yes ☐ No ☒

c. Pensions, annuities or life insurance payments? Yes ☐ No ☒

if the answer to any of the above is "yes" describe each source of money and state the amount received from each during the past twelve months.

3. Do you own any cash, or do you have money in checking or savings accounts?

Yes ☐ No ☐ (Include any funds in prison accounts)

If the answer is "yes", state the total value of the items owned.

4. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?

Yes ☐ No ☒

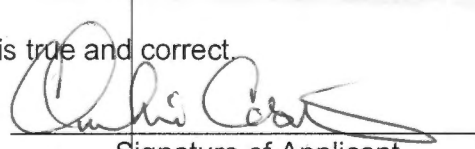
If the answer is "yes", describe the property and state its approximate value.

5. List the persons who are dependant upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

NONE

I declare under penalty of perjury that the forgoing is true and correct.

Executed on JUNE 8th, 2020  
(Date)

  
Signature of Applicant  
ARCHIE COSEY DIN# 98-A-6974

#### CERTIFICATE

(Prisoner Accounts Only)

I certify that the applicant named herein has the sum \$ 9.99

On account to his credit at the Woodbourne Correctional Facility  
Institution where he is confined. I further certify that the applicant likewise has the following

Securities to his credit according to the records of said institution:

NONE

I further certify that during the last six months the applicant's average balance was \$ 26.84

Kou Cole, OAS  
Authorized Officer Of Institution

6/10/2020

ORDER OF COURT

The application is hereby denied

\_\_\_\_\_  
United States Judge

\_\_\_\_\_  
Date

The application is hereby granted. Let the Applicant proceed without prepayment of cost or fees or the necessity of giving security therefore.

\_\_\_\_\_  
United States Judge  
or Magistrate

\_\_\_\_\_  
Date



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ARCHIE COSEY,

PETITIONER,

-v-

LYNN LILLEY, SUPERINTENDENT OF  
WOODBOURNE CORRECTIONAL FACILITY  
RESPONDENT.

**Affirmation of Service**

18 Civ -11260 (jgk)

I, ARCHIE COSEY, declare under penalty of

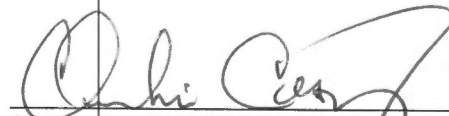
perjury that I have served a copy of the attached NOTICE OF APPEAL, Affidavit y

In Support of Motion to proceed In Forma Pauperis upon Appeal &  
Petition For Certificate Of Appealability

M Upon MS. RUBY J. KRAJICK, CLERK OF COURT, U.S. DIST. Ct. SDNY  
UNITED STATES COURTHOUSE 500 Pearl Street, N.Y., N.Y. 10007-1316 RM12  
CYRUS R. VANCE JR., NEW YORK COUNTY DISTRICT ATTORNEY, 1 Hogan Place  
NEW YORK, NEW YORK 10013 and to MS. CATHERINE O'HAGAN WOLFE, CLERK

Whose address is: OF U.S. COURT OF APPEALS FOR THE 2ND CIRCUIT NEW YORK  
UNITED STATES COURTHOUSE, 40 FOLEY SQUARE, NEW YORK, NEW YORK 10007

Dated: JUNE 8th, 2020  
New York, New York



Signature ARCHIE COSEY  
DIN# 98-A-6974

WOODBOURNE CORRECTIONAL FACILITY

Address 99 PRISON ROAD  
P.O. BOX 1000  
WOODBOURNE, NEW YORK 12788-1000

City, State & Zip Code

**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK)

ss.:

COUNTY OF SULLIVAN)

I, Archie Cozey, DIN: 98A6974, being duly sworn, deposes and  
ARCHIE COSEY 98A6974

says:

~~On the 8th day of JUNE~~, 2020 I mailed a true and exact copy of  
my  
NOTICE OF APPEAL. IN FORMA PAUPERIS MOTION AND AFFIDAVIT IN SUPPORT  
THEREOF TO PROCEED UPON APPEAL TOGETHER WITH PETITION FOR A CERTIFICATE  
OF APPEALABILITY AND THE SUPPORTING EXHIBITS to the following:  
MENTIONED THEREIN IN THE MATTER OF Cozey v Lilley  
CASE DOCKET No. 2018-CV-11260

To:

MS. RUBY J. KRAJICK, CLERK OF U.S. DIST. COURT S.D.N.Y.  
U.S. COURTHOUSE 500 Pearl Street, New York, New York 10007-1316  
ROOM 120

MR. CYRUS R. VANCE JR., DISTRICT ATTORNEY OF NEW YORK COUNTY  
DISTRICT ATTORNEY'S OFFICE 1 HOGAN PLACE, NEW YORK, NEW YORK 10013

MS. CATHERINE O'HAGAN WOLFE, CLERK OF U.S. COURT OF APPEALS  
FOR THE 2nd CIRCUIT NEW YORK UNITED STATES COURTHOUSE, 40 FOLEY  
SQUARE, NEW YORK, NEW YORK 10007

by placing the properly address postage-paid envelopes in the mailbox regularly maintained

by the Woodbourne Correctional Facility.

Respectfully submitted,

Archie Cozey  
Archie Cozey  
Woodbourne Correctional Facility  
99 Prison Rd. / P. O. Box 1000  
Woodbourne, New York 12788

Sworn to before me this 8th  
day of June, 2020

Eric P. [Signature]  
NOTARY PUBLIC

**WOODBOURNE CORRECTIONAL FACILITY**

99 Prison Road

P.O. Box 1000

WOODBOURNE N.Y. 12788-1000

NAME: **ARCHIE COSEY**

DIN: **98-A-6974**

WOODBOURNE

NEOPOST

FIRST-CLASS MAIL

06/15/2020

US POSTAGE **\$000.65**



ZIP 12788  
041M11284544

CORRECTIONAL FACILITY

MS. RUBY J. KRAJICK, CLERK OF COURT  
UNITED STATES DISTRICT COURT FOR THE  
SOUTHERN DISTRICT OF NEW YORK  
DANIEL PATRICK MOYNIHAN UNITED STATES  
COURTHOUSE ROOM #120  
500 PEARL STREET  
NEW YORK, NEW YORK 10007-1316

**Appeals Unit**

**LEGAL MAIL:**

100071330 0014

NEW YORK STATE  
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM

NAME: ARCHIE COSEY DIN: 98-A-6974

LEGAL MAIL: